MEDICAL HISTORY

HEALTH CARE USE PATTERNS AMONG DETROIT AFRICAN AMERICANS: 1910–1939

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To understand the pattern of health care use among today's African Americans, the author conducted a cultural-historical review of Detroit's African American social and health conditions from 1910 to 1939. This era was significant in African American culture primarily because of: (1) the large numbers of African Americans who fled the South for northern urban centers; (2) African American adaptability to the region's economic, social, political, and health care systems; and (3) the use of "folk" health care, which served past and present African American communities.

An examination of Detroit's African American health care system provides an excellent opportunity to examine the adaptability of this ethnic group in relationship to the region's social, economic, political, and health care systems. In the early 1900s, the Detroit African American's lifestyle and behavioral patterns were similar to those established in urban African American populations throughout the northern and western regions of the United States. Often, African American migrants entered environments that were dramatically different from those of their home locales in terms of climate, food, available work and leisure activities, and housing and sanitation facilities. Differences also existed in expected cultural behaviors and social relations, language, ethnic prejudices, and access to help.[1] This article highlights not only the social and health conditions of this period, but also shows how Detroit African Americans adapted patterns of health care use in the African American community and in the larger society.

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AFRICAN AMERICAN MIGRATION

From 1910 to 1930, African American migration out of the rural South became a mass movement,[1] one of the most significant events in the history of African Americans in the 20th century. Estimates suggest that over 1 million (10%) fled the South for northern communities. In fact, 73% of African Americans in the North could be found in 10 northern urban centers.[2] A number of factors significantly influenced the southern African Americans' migratory pattern. Driven from the South because of the effects of the Jim Crow Act and the end of the southern rural economy, migrants were also pulled north by increased demand for their labor.[3]

African Americans believed the new labor markets in the North would provide the social, economic, and political freedom which did not exist in the South. Although migrants were drawn by increased employment opportunities and higher wages, there were other advantages, such as the possibility of getting a good education, safety from racial violence and lynchings, suffrage, and the ability to hold office.

Once settled in Detroit, African Americans encouraged their relatives to come to the North. The size of the average African American family in Detroit, considering only parents and children, was approximately four persons. However, the African American home also included extended family members and lodgers, on the average consisting of closer to nine

persons. This relatively large figure is not surprising in light of the restricted housing available and the African cultural pattern of accepting kin and non-kin into the extended household.[4]

DETROIT AFRICAN AMERICAN HEALTH CONDITIONS

As most of Detroit's 120 000 African American residents were crowded into 1% of the city's housing, it is not surprising that they were at an increased risk for disease. The deplorable unsanitary conditions of the Lower East Side, sarcastically referred to as Paradise Valley, provided an excellent environment for a variety of diseases to propagate.

From 1900 to 1919, there was a great difference in the death rates of Detroit African Americans compared with Anglo Americans. The most prevalent causes of death among African Americans included pneumonia, tuberculosis of the lungs, heart disease, and syphilis; whereas, in addition to pneumonia, Anglo Americans suffered from diseases of early childhood, diarrhea and enteritis, influenza, and cancer, that were also frequent causes of death. In addition, African Americans had a relatively high infant mortality rate (54.7 deaths per 1000 births).[5]

The disparity in general health conditions between African Americans and Anglo Americans can be attributed to sociocultural factors. Poor housing, lack of health facilities, perceptions of the health care system, migration to a colder environment, and some ethnomedical treatment regimens contributed to the high prevalence of chronic disease among African Americans.

As a majority of Detroit's African American population lived in the Old East Side, housing was naturally a major predisposing factor to illness. This district contained primarily one-and two-family framed houses in which an average of nine individuals resided. The large number of household occupants, coupled with a poor sewage system, would tend to make any population suffer from a high sickness and death rate.[6]

Another sociocultural and environmental factor contributing to the high disease prevalence among Detroit African Americans was the lack of proper health facilities. Realizing the health problems among African Americans in 1910, Booker T. Washington established National Negro Health Week, which was actively promoted in the Detroit African American community during the 1920s. Yet, availability and access to proper health facilities were still often denied to many. Serious health problems were compounded because several hospitals refused to admit African American patients and only one Anglo-controlled hospital allowed African American physicians to practice.

Disturbed by the lack of adequate health care, a number of African American physicians and laymen formed the Dunbar Memorial Hospital Association in 1918. The specific purpose of the association was to study sanitation and related issues and to maintain a hospital and school of nursing. Dunbar Hospital was especially important because it was mainly concerned with the health of the African American community and provided an opportunity for African American physicians to practice medicine.

Mercy Hospital, founded in 1916, was the only other hospital serving the African American community. This small private hospital, about half the size of Dunbar, was never able to make a significant contribution to the community because it had only 23 beds and a very small staff.

Nonetheless, the increased number of African American physicians (5 in 1910 to 27 in 1925) directly contributed to a better health status in Detroit African Americans. In addition, a project conducted by the Board of Health, which incorporated African American social workers and nurses to advise and educate the community on diet, clothing, and preventive health regimens, supplied a new medium to combat serious diseases.[7,8]

Although African American patients preferred to be treated by African American physicians, Detroit residents still opted for outpatient services or used traditional folk remedies and healers. Ironically, the most prevalent diseases in the African American community required hospitalization for effective treatment. Because of the inaccessibility of local health facilities and the inability to receive adequate treatment, many died needlessly from pneumonia and tuberculosis.

Fear of hospitals, a common occurrence in all groups, caused many African Americans to avoid using mainstream health care facilities. This fear was based on a long-standing traditional belief that hospital physicians practiced experimental laboratory tests on patients. Therefore, it was not difficult to understand why the use of traditional folk healers and remedies became an integral part of Detroit African American health care.

A large proportion of ill African Americans depended entirely on "quack" physicians (folk healers) for treatment. These healers operated in several African American communities and specialized in a variety of health care problems.

The two major types of folk health practitioners serving the African American community were independent specialists and spiritualists. Independent specialists consisted primarily of herbalists, neighborhood prophets, and magic store vendors. Each specialist treated a wide variety of physical and mental problems. Like traditional African folk healers, the folk practitioners used treatments such as religious rituals, herbs and roots, and the observance of certain prohibitions or directions to cure individuals.

Spiritualists, referred to as "Divine Healers," were also prospering in the community with their ethnomedical therapy of laying-on-of-hands. For example, Washington stated[5]:

> One of these healers started in business only a month ago charging 50 cents a treatment. He has built up such a following that he is now charging from $2.00 to $25.00, according to the amount he thinks a patient will be able to pay. His office is always full of sick blacks who get up early in the morning to be first in line when his place of business opens.

African Americans consulted various folk health practitioners because of:

- a need to cope with health problems within the scope of their own resources and social environment;
- a belief that folk health practitioners had some control over the forces that cause anomalies in a person's life, whereas Westernized physicians could not heal certain cases of illness and misfortune;
- the lower treatment cost; and, most important,
- a need to be involved in the family's caring, nurturing, and healing process.

Folk health practitioners were adaptable and diverse in their abilities and specialized skills. They were not only accepted by the African American community, but members of the larger society also consulted them.

CONCLUSION

This cultural-historical review shows how the region's economic, social, and political climate affected the health and patterns of health care use of Detroit's African Americans. Cultural and ethnic groups migrating to urban areas must decide whether to adhere to their own values and behavior patterns; to integrate certain values and norms of the urban population with theirs; or to adapt to the values, norms, customs, and behaviors of the culture into which they have moved.

African American families primarily migrated from the South during the 1800s and 1900s because of the persistent decline of the southern rural economy and rigid discrimination in employment, housing, education, and health care. Upon arrival in the North, they were able to achieve a certain degree of economic, social, and political success. Yet, as with all immigrant groups, the reality was different from the expectation. Urbanization resulted in greater economic and social stratification of the African American population with corresponding variations in family structure, educational achievement, and particularly in the patterns of health care use. The health and economic problems presently affecting Detroit's African Americans are a direct consequence of decades of political, economic, and social neglect by public program legislators.

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